REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS
 Application Number
 09/943733

 Filling Date
 August 31, 2001

 First Named Inventor
 Genova, Perry A.

 Confirmation No.
 1342

 Attorney Docket Number
 2284 40530

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR									
\overline{\mathbb{N}} I hereby appoint the practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: 83532									
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I am the:									
Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
B									
X As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).									
SIGNATURE of Applicant or Assignee of Record									
Signature	Date 4/30/08								
Name	David D. McMasters								
Title and Company (Assignee)	President and CEO								
	Quill Medical, Inc.								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
*Total of	forms are sub	mitted.							
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